Cook Inlet Council on Alcohol and Drug Abuse
Rural Women Substance Abuse Treatment Services
Kenai Peninsula, Alaska
TI13855

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40402

PROJECT DESCRIPTION

Expansion or Enhancement Grant—Expansion and Enhancement

Program Area Affiliation—Women and Children, Reducing Disparities

Congressional District and Congressperson—Alaska At Large; Don Young

Public Health Region—X

Purpose, Goals, and Objectives—The overall purpose is to reduce alcoholism and drug abuse among families on Kenai Peninsula by offering a full continuum of wraparound service, through an outpatient family-oriented treatment model that is responsive to the needs of the underserved population of women and children. Goal 1 is to provide wraparound services for women who meet eligibility criteria for the outpatient program provided by CICADA. Objective 1.1 is to establish and maintain collaborative interagency agreements that provide the basis for the wraparound services. Objective 1.2 is to serve a minimum of 110 women annually. Objective 1.3 is to obtain a 50 percent program completion rate among women participating in the program. Objective 1.4 is to involve client collaterals in the treatment process for at least 50 percent of the women served. Goal 2 is to decrease domestic violence among the women completing treatment. Objective 2.1 is to establish a cross-referral relationship with the Women's Resource Shelters that will provide a safe haven for women with safety issues. Objective 2.2 is to work with the Women's Resource Center to provide a domestic violence education program for women in outpatient treatment. Goal 3 is to provide mental health services for dually diagnosed women. Objective 3.1 is to screen all women entering the outpatient program for mental health problems and refer those in need of services to contracted clinical psychologists on site in the Kenai/Soldotna area. South Peninsula Behavioral Health Services will provide these services in the Homer area. Goal 4 is to implement a comprehensive cross-training in-service program with all collaborating agencies to ensure that each program's areas of functioning are understood and coordinated. Objective 4.1 is that each participating agency will facilitate a training session to highlight its area of responsibility in the wraparound program. Objective 4.2 is that CICADA and key partners' management will meet on a quarterly basis to review client data, problems, successes, and future needs. (pages 3–4)

Target Population—The target population includes women involved with the Division of Family and Youth Services because of allegations of child abuse or neglect or substance abuse, and women who are at risk for having their children removed who are in transition from welfare to work. The target population includes women who are domestic violence victims and those with co-occurring disorders. (abstract; page 4)

Geographic Service Area—The area served is the Kenai Peninsula in Alaska, which includes 28 small communities. The ethnicity of the service area is 86.1 percent Caucasian (including those of Russian descent), 9.5 percent Alaska Native, and 4.3 percent other. (page 4)

Drugs Addressed—The drugs addressed include alcohol and illicit drugs. (pages 2–4)

Theoretical Model—The grantee uses wraparound services, including an integrated interagency approach and resource partnerships for gender-based outpatient alcohol and drug treatment as well as ancillary supportive services for children and the entire family. Aftercare will also be provided, and the grantee will facilitate inpatient treatment referrals as needed. (abstract; page 4)

Type of Applicant—The grantee is a non-profit 501(c)(3) community-based organization. (page 12)

SERVICE PROVIDER STRUCTURE

Service Organizational Structure—Cook Inlet Council on Alcohol and Drug Abuse is a private, community-based non-profit organization in operation since 1975 and licensed by the State of Alaska Department of Commerce and Economic Development. (page 12)

Service Providers—Cook Inlet Council on Alcohol and Drug Abuse (CICADA) will partner and coordinate with other agencies to provide services. Using an integrated interagency approach, CICADA will collaborate with the Department of Family and Youth Services, Department of Labor, Women's Resource and Crisis Center Transitional Living Center, South Peninsula Behavioral Health Services, South Peninsula Women's Services, and Clinical Psychologist Paul Turner. (abstract; pages 11–14)

Services Provided—Gender-specific outpatient substance abuse treatment is the primary service, along with outpatient mental health treatment. However, numerous ancillary services are provided to women, their children, and their families through the wraparound concept. These additional services include inpatient substance abuse treatment referral as well as facilitation of that treatment, domestic violence intervention, parenting skill enhancement, job training and other employment services, housing assistance, language translation services as needed, reproductive health services, HIV/AIDS and hepatitis B and C screening, resource linkages, advocacy, case management, relapse prevention, aftercare, and treatment for adolescents as needed. (abstract; pages 4–6)

Service Setting—The primary service center is CICADA's outpatient treatment facility, but other facilities will be utilized as relevant, e.g., the domestic violence shelter. (abstract; pages 4–5)

Number of Persons Served—The proposed number of clients to receive services are 110 women annually. (page 3)

Desired Project Outputs—The desired project outputs are to reduce alcoholism and drug abuse among families on Kenai Peninsula by offering a full continuum of wraparound services, and to reduce the gap in outpatient treatment for the underserved population of women and children. (pages 1, 3–4)

Consumer Involvement—Although CICADA mentions the utilization of needs assessments, its intention to deliver client-oriented services, and developing client-driven treatment plans (pages 1, 3, 5) as well as utilizing consumer satisfaction measures (page 14), there is no indication of specific avenues for consumer involvement in the project, i.e., no mention of consumer advisory groups.

EVALUATION

Strategy and Design—CICADA will utilize both process and outcome evaluation strategies. A single-group pre- and post-test design with repeated measures will be utilized. Comparisons will be made among baseline, exit, and outcome data, examining differences over time. Further, a logic model will be used to ascertain interactions among the individual client, the intervention, and outcome. Data will be collected at intake and 6 and 12 months, as well as at exit from the program. Additionally, clinical and personality measures are collected monthly while clients are in the program to assess change, as well as at follow-up intervals. Process data will include information regarding types and duration of treatment (pages 6–8). Qualitative data will also be collected through open-ended interviews, focus groups (at the beginning and at the end of Years 1 and 2), and observation. (pages 10–11)

Evaluation Goals/Desired Results—The primary evaluation goal is to asses the extent to which CICADA is accomplishing its goals and objectives and to provide information regarding the effectiveness of the enhanced program. This goal includes two objectives: a process objective of describing and documenting the implementation and operation of the project and the outcome objective of identifying the most effective treatment methods linked to outcome. (pages 6–7)

Evaluation Questions and Variables—Process evaluation questions include the following: Who received services? Who provided services? What other agencies provided services? What services were provided (modality, type, intensity, duration)? In what context were services provided (office, residence, school, community setting, clinical setting, field trips, other)? Outcome evaluation questions are What was the length of stay? What were the circumstances involved in having left the program before completion? What is the client's status at completion and follow-up compared with status at program entry? Did the system-of-care approach contribute to a reduction in client substance abuse at 6 and 12 months following treatment completion? Does participation in the program result in a change in clients' lifestyles at 6- and 12-month follow-up periods? Do clients with children show improved parenting skills? Did clients show a reduction in justice system involvement? Were family relations improved? Were there changes with respect to involvement with social service agencies? Was there a change in the educational and economic status? Was there a change in high-risk behaviors? (pages 7–8)

Instruments and Data Management—CICADA will utilize a semi-structured interview to obtain information including referral/screening details, demographics/background information, treatment history, family history, health and medical history, legal status, and drinking and drug-taking behavior. The Life Experience Questionnaire (Segal, 1999) will be administered; this instrument obtains a detailed history of abuse and victimization, including signs and symptoms of PTSD. The Personal Health Questionnaire (Segal, 1993) will also be administered; it inquires about sexual health risk behaviors and assesses HIV/AIDS knowledge and other related information, i.e., birth control utilization and sexual practices. Additional clinical and personality measures are administered monthly while clients are in the program and at follow-up intervals, including Index of Parental Attitudes, Generalized Contentment Scale, Index of Clinical Stress, and Index of Self-esteem. Further, a Cultural Issues and Interests Scale, a measure of cultural identity, will be administered; implicitly, this is done at intake and follow-up intervals, but the grant document does not specify when this data will be collected. This scale assesses languages spoken in the family of origin; cultural activities and traditions observed and the level of involvement; the importance of traditional ceremonies, values, and beliefs in everyday life; and the importance of having a spouse with the same cultural/ethnic background. Treatment and discharge data will be obtained from client records and through the treatment completion questionnaire, a self-report scale designed to assess change in attitudes and behavior related to

treatment and client satisfaction; this includes understanding of alcohol/drug-related problems, behavioral/attitudinal changes, treatment satisfaction, and adjustment after discharge. Follow-up data will include drinking and drug-taking behavior, income and employment status, education, family life and marital status/relationship information, relationship with children, criminal activity, and emotional functioning. Outside of the GPRA and the other instruments already mentioned, no other specific follow-up data collection instruments are mentioned; however, there is a patient follow-up questionnaire in the appendix. Further, although it is not mentioned in the evaluation section of the proposal, the ASAM PPC-2 Continued Service Criteria will be administered every 30 days or as needed throughout treatment as well as at discharge/transfer to aftercare. Data analysis will include descriptive statistics on client characteristics and pre- and post-tests functioning, interrelationships among treatment variables, and client post-test functioning, and analytical statistics comparing changes before and after treatment. Predictive relationships regarding pre-treatment client characteristics and post-treatment functioning will be assessed, based upon "an adequate number of cases," and relationships between client pre-treatment characteristics, process variables, and client outcome variables will be conducted, again based on a "sufficient number of cases." Specific sample sizes are not specified. Qualitative analysis will utilize triangulation and examination of themes emerging from focus groups. (pages 6, 9–11; appendix)